

# Wisconsin

## State-based Occupational Health Surveillance (fundamental) Annual Performance Report (APR)

Cooperative Agreement:

5U60OH008484

Dates covered:

July 1, 2009 – June 30, 2010

### Staff

Principal Investigator: Henry Anderson, MD; [henry.anderson@wisconsin.gov](mailto:henry.anderson@wisconsin.gov)

Epidemiologist/Program Manager: Pamela Rogers, MPH; [pamela.rogers@wisconsin.gov](mailto:pamela.rogers@wisconsin.gov)

### Major Accomplishments

**Indicators** – we have completed calculation of the CSTE OH indicators using data from 2000 through 2007 and found an improving trend in 5 indicators, a declining trend in 6 indicators and 8 indicators remained consistent.

| Indicator  | Trend (since 2000) |          |      |
|--|--------------------|----------|------|
|  | Improved           | Worsened | Same |
| Non-fatal injuries                                     |                    |          |      |
| Work-related hospitalizations                          |                    |          |      |
| Fatal work-related injuries                            |                    |          |      |
| Work-related amputations                               |                    |          |      |
| Workers' compensation amputation claims                |                    |          |      |
| Hospitalizations for work-related burns                |                    |          |      |
| Work-related musculoskeletal (MSD) disorders           |                    |          |      |
| Workers' compensation Carpal Tunnel Syndrome claims    |                    |          |      |
| Hospitalization for pneumoconiosis                     |                    |          |      |
| Mortality from pneumoconiosis                          |                    |          |      |
| Work-related pesticide associated illness              |                    |          |      |
| Incidence of malignant mesothelioma                    |                    |          |      |
| Elevated adult blood lead levels (>40 mg/DL)           |                    |          |      |
| Workers employed in 'high-risk for injury' industries  |                    |          |      |
| Workers employed in 'high-risk for injury' occupations |                    |          |      |
| Workers employed at 'high-risk for death' jobs         |                    |          |      |
| Occupational safety and health professionals           |                    |          |      |
| OSHA enforcement activity                              |                    |          |      |
| Workers' compensation awards                           |                    |          |      |

### **Collaboration –**

Wisconsin Laborers District Council & University of Wisconsin (UW) audiology department – During the beginning of this cooperative agreement period we worked with the Laborers Council and the UW audiology department to develop a program to provide free audiograms and an education program to apprentice carpenters during labor council annual trainings. Our staff have met two times to help guide them in their planning. After those meetings they have continued to work together to implement the plan.

Illness and Injury Prevention Center - During the initial period of the NIOSH cooperative agreement, the Wisconsin Occupational Health Surveillance program worked with OSHA, the ABLES program and the WI OSHA Consultation Program to develop an advisory board of academic and safety professionals. This board has met quarterly each year since inception. Board member retirement has made it necessary to regroup and revamp meetings. During the past year we have worked with the OSHA education staff member, Leslie Ptak to generate renewed interest in the group.

Program Integration Workgroup – Ownership of this group lies within the Department of Health Services (DHS) Bureau of Community Health Promotion and is funded through a CDC grant. The objective of the group is integration of work across bureaus and programs. The group is currently working on a document/white paper that outlines actions one can take to promote health throughout a lifetime. Because of our staff presence in this group, information from the occupational health indicators and how to maintain health while working will be included in this document.

Medical College of Wisconsin (MCW) – During the past year our program has worked with the Medical College of Wisconsin's Injury Prevention Center and Emergency Department to write and submit a proposal to the Healthiest Wisconsin Partnership Program (HWPP). Our proposal is to develop a surveillance system for injuries in 'green technology' industry. Wisconsin's Governor has pushed to introduce 'new technology' business to Wisconsin. While Wisconsin welcomes this new industry and the jobs it brings, we want to ensure that these jobs are safe. By developing a surveillance system and studying injuries in this industry we will use these data to affect policy.

Consortium of Occupational State Surveillance (COSS) meetings/teleconferences/workgroups – Both the principal investigator and the program manager have attended all COSS meetings during the past year. Additionally, both have worked with COSS ad hoc groups to develop new indicators (e.g. back injuries, carbon monoxide), a national occupational injury annual report format, and a 'success stories' document.

National Occupational Research Agenda (NORA) liaison committee – Dr. Anderson, the principal investigator, has been a member of the NORA construction and manufacturing sector councils. As such, he has recently assisted in the development of a draft manuscript on construction surveillance.

## Outputs

### Publications:

- Oguss, Madeline; Rogers, P., Anderson, H. Occupational Respiratory Health: A survey of Wisconsin workers who wear respirators. Wisconsin Medical Journal. June 2010. Vol.109 (3). <http://viewer.zmags.com/publication/04a93862#/04a93862/16>
- 2011 Workplace Safety Calendar
- 2010 Annual Report: *A Comparison of Occupational Health Indicators from 2000 - 2007*

### Presentations:

- 2009 Department of Health Services (DHS) Asbestos seminar, December 3, 2009
- 2009 Farm Technology Days, July 21-23, 2009

### Data Initiatives:

To improve the robustness of occupational health surveillance information we have worked with the Wisconsin Electronic Surveillance System (WEDSS) to automatically download metals exposure lab results into an Access database and have negotiated access to the Wisconsin Violent Death Registry.

### Legislation Initiatives:

- Anti-smoking – On July 5<sup>th</sup>, 2010 a statewide smoking ban went into effect. The Wisconsin Occupational Health Surveillance program was instrumental in the campaign to pass this legislation by providing workplace smoking data to the WI American Lung Association and the WI Asthma Coalition for use in public information sessions.
- Anti-idling (school bus) – During the 2009-2010 legislative session a bill was introduced that included language restricting the amount of time and distance from a school building a diesel bus could idle. This legislation did not pass prior to the session end, but plans continue for reintroduction of modified language in the next legislative session. Prior to then WI Occupational Health Surveillance staff have been working with the WI American Lung Association to support, plan and implement an anti-idling informational session and summit.

## Outcomes

**Short Term: Awareness** – creation of occupational health surveillance reports has made public health agencies and occupational medicine practitioners aware of our program and what we do. This awareness has educated others to the differences and integration of public health and work regulation enforcement.

**Intermediate Term: Alignment** – working with other federal and state programs has enabled the use of others' data for occupational health surveillance activities, and educated other programs to workplace safety as an essential part of overall safety and health in the human life cycle.

**Long Term: Affect** – incidence rates of workplace illness and injury have consistently declined since we began our cooperative agreement with NIOSH to collect data for the occupational health indicators. In 2000

the rate of non-fatal work-related injury and illness involving days away from work per 100,000 full-time employees was 2500 and in 2007, the latest period of data collection, the rate was 1400.

#### Lessons Learned

- Collaboration is the key to success
- Preventing workplace illness and injury is important to Wisconsin workers
- We need to better understand how to translate knowledge into action